

ISSUE SLIP STAPLE APFA (for additional cross references)

| POSITION            | INITIALS | IC NO. | DATE    |
|---------------------|----------|--------|---------|
| FEE DETERMINATION   | UT       | 60607  | 8/14/99 |
| O.I.P.E. CLASSIFIER |          | 57     | 8/11    |
| FORMALITY REVIEW    | SB       | #07033 | 8-27-99 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date  |
|----------|-------|
| Final    |       |
| Original |       |
| 1        | 12/01 |
| 2        | ✓     |
| 3        | ✓     |
| 4        | ✓     |
| 5        | ✓     |
| 6        | ✓     |
| 7        | ✓     |
| 8        | ✓     |
| 9        | ✓     |
| 10       | ✓     |
| 11       | ✓     |
| 12       | ✓     |
| 13       | ✓     |
| 14       | ✓     |
| 15       | ✓     |
| 16       | ✓     |
| 17       | ✓     |
| 18       | ✓     |
| 19       | ✓     |
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| 21       | ✓     |
| 22       | ✓     |
| 23       | ✓     |
| 24       | ✓     |
| 25       | ✓     |
| 26       | ✓     |
| 27       | ✓     |
| 28       | ✓     |
| 29       | ✓     |
| 30       | ✓     |
| 31       | ✓     |
| 32       | ✓     |
| 33       | ✓     |
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| 37       | ✓     |
| 38       | ✓     |
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| 40       | ✓     |
| 41       | ✓     |
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| Claim    | Date |
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| Claim    | Date |
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| Final    |      |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here